

ZONING

Application for ~~Dimensional~~ ^{Parking} Variance

To: Westerly Zoning Board of Review
Town Hall – 45 Broad Street
Westerly, RI 02891

Date: October 19, 2017

The undersigned hereby applies to the Westerly Zoning Board of Review for a **dimensional variance** pursuant to the provisions of § 260-33 of the Westerly Zoning Ordinance affecting the following described premises in the manner and on the grounds hereinafter set forth.

Applicant(s): Gene Properties, LLC Address: 149 Atlantic Ave, Westerly, RI

Owner(s): same Address: _____

Lessee: _____ Address: _____

1. Filing instructions:

- a. Original application and 10 copies, typed or legibly printed, must be filed with the Zoning Office in accordance with the minimum time required to post adequate notice.
- b. A filing fee in the amount of **\$150**, plus legal advertising and recording fees, shall accompany an application to the Zoning Board of Review to cover the costs of processing (payable to "Town of Westerly – Zoning"). In addition to the \$150 fee, the applicant shall also be responsible for all additional costs, if any, incurred by the town in the course of review of this application, such as third-party review, cost of additional advertising and stenographic fees, and will be billed when the final costs have been determined.
- c. All required checklist items for a ~~dimensional~~ ^{parking} variance must accompany the application in order to be considered a complete application.

2. Location of premises: 149 Atlantic Ave, Westerly, RI

3. Plat: 165 Lot: 282 Zoning District: SC-G

911 Address: 149 Atlantic Ave

4. Dimensions of lot: (frontage) feet by (depth) feet; Area (square feet or acres): _____
approximately 150'x260' 39,700 sq. ft. (.91 acres ±)

5. Present use of premises: hotel and seasonal outside bar

6. Proposed use of premises: hotel, restaurant and outside bar

7. Is there a building on the premises at present: yes

ZONING

8. How long have you owned the premises: approximately 20 years
9. Year that lot was platted and recorded: unknown
10. Have you submitted plans to the Zoning Inspector: yes
11. Has a permit been refused: no If a permit has been refused, attach a copy of the denial in writing.
12. Size (in square feet) of all existing buildings and accessory structures:
20,000±
13. Size (in square feet) of all proposed buildings and accessory structures:
24,900±
14. Indicate the number of families to reside in the building: N/A
15. Describe the extent of the proposed alterations: addition of 3rd floor restaurant approximately 4,500 sq. ft.
16. Indicate the section of the Westerly Zoning Ordinance under which application for **dimensional variance** is made:
260-77 A(2) & (3) off street parking regulations
17. State what relief is sought (dimensions, in number of feet):
Side: N/A Side: N/A Rear: N/A Front: N/A Height: N/A
18. Clearly state the grounds for which this **dimensional variance** is sought: N/A
19. Request for waiver: Indicate checklist items that are requested to be waived by the Zoning Board and the reasons for the request: N/A

Respectfully submitted:

Print Name: Approved by W.C. by William A. Verdore

Signature: William A. Verdore

Address: 42 Granite St, Westerly, RI, 02894

ZONING

Application for Special Use Permit

To: Westerly Zoning Board of Review
Town Hall – 45 Broad Street
Westerly, RI 02891

Date: October 19, 2017

The undersigned hereby applies to the Westerly Zoning Board of Review for a **special use permit** pursuant to the provisions of § 260-34 of the Westerly Zoning Ordinance affecting the following described premises in the manner and on the grounds hereinafter set forth.

Applicant(s): Gene Properties, LLC Address: 149 Atlantic Ave, Westerly, RI

Owner(s): same Address: _____

Lessee: _____ Address: _____

1. Filing instructions:

- a. Original application and 10 copies, typed or legibly printed, must be filed with the **Zoning Office** in accordance with the minimum time required to post adequate notice.
- b. A filing fee in the amount of \$200, plus legal advertising and recording fees, shall accompany an application to the Zoning Board of Review to cover the costs of processing (payable to "Town of Westerly – Zoning"). In addition to the \$200 fee, the applicant shall also be responsible for all additional costs, if any, incurred by the town in the course of review of this application, such as third-party review, cost of additional advertising, and stenographic fees, and will be billed when the final costs have been determined.
- c. All required checklist items for a **special use permit** must accompany the application in order to be considered a complete application.

2. Location of premises: 149 Atlantic Ave, Westerly, RI

3. Plat: 165 Lot: 282 Zoning District: SC-6 (shore commercial general)

911 Address: 149 Atlantic Ave

4. Dimensions of lot: (frontage) feet by (depth) feet; Area (square feet or acres):
approximately 150'x260' 39,700 sq. ft. (.91 acres ±)

5. Present use of premises: hotel and seasonal outside bar

6. Proposed use of premises: hotel, restaurant and outside bar

7. Is there a building on the premises at present: yes

8. How long have you owned the premises: approximately 20 years

9. Year that lot was platted and recorded: unknown

ZONING

10. Have you submitted plans to the Zoning Inspector: yes
11. Has a permit been refused: no If a permit has been refused, attach a copy of the denial in writing.
12. Size (in square feet) of all existing buildings and accessory structures: approximately 20,000 sq. ft.
13. Size (in square feet) of all proposed buildings and accessory structures: approximately 24,900 sq. ft.
14. Indicate the number of families to reside in the building: N/A
15. Clearly state the grounds for which this special use permit is sought, citing relevant section of Zoning Ordinance: Applicant is seeking to amend an existing Special Use Permit to allow for the service of alcohol at the restaurant being proposed. Zoning District Use Table 7.3 and 7.3 allow for restaurant and tavern/hotel to provide alcoholic beverages by Special Use Permit. Premises currently has a Special Use Permit allowing for the service of alcohol at the beach front restaurant.
16. Request for waiver: Indicate checklist items that are requested to be waived by the Zoning Board and the reasons for the request:
None

Respectfully submitted:

Print Name: Argosy Inn LLC by William A. Wardone

Signature: William Wardone att for

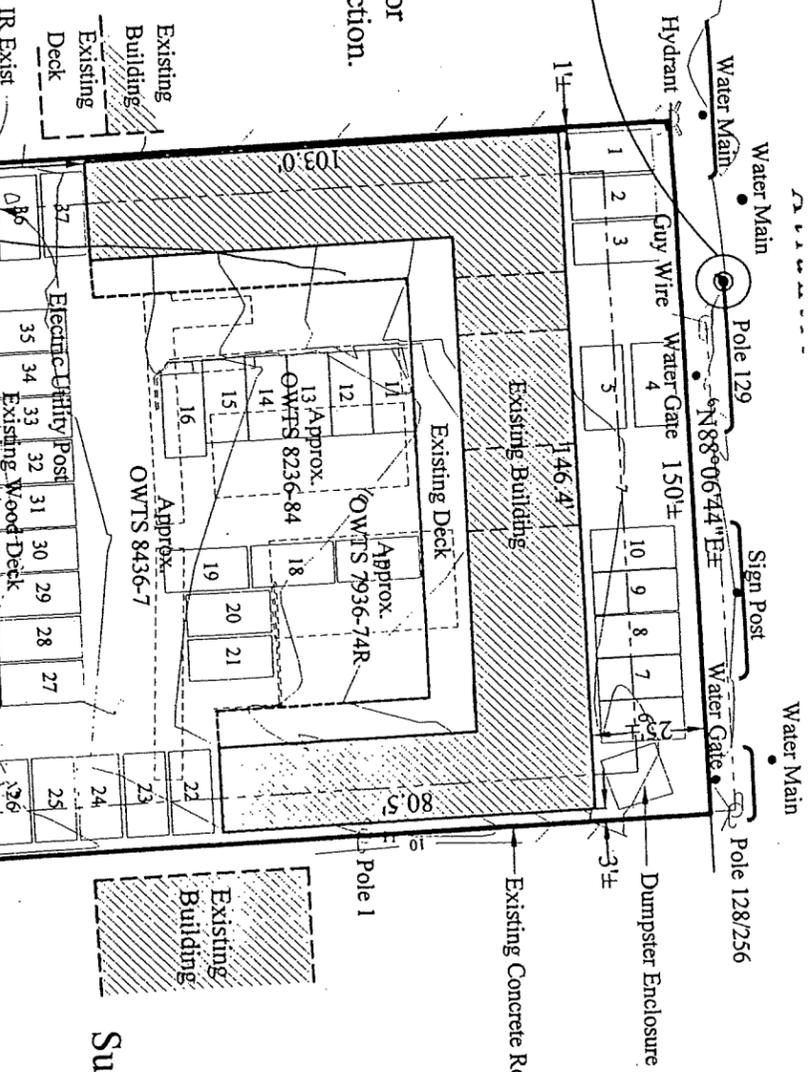
Address: 42 Granite St, Weymouth MA

Phone Number: 596-2094

Exhibit 'B'
Gene Properties

Project
Benchmark:
 Drill Hole Set in
 Curb. Elev = 6.06
 Datum is Mean
 Sea Level (MSL).
 Not To Be Used For
 Any New Construction.

AP 165
 Parcel 283
 N/F
 Sulejman Redzepi
 All Improvements
 Not Depicted



AP 165
 Parcel 279
 N/F
 Surfin Paddy, LLC
 All Improvements
 Not Depicted

Coastal Feature As Delineated
 by Natural Resource Services, Inc.
 and Located by Alfred W. DiOrto, R.L.S., Inc.
 Property Line Extensions
 Not Intended To Represent
 Area of Title

AP 165
 Parcel 282
 Area = 39,700sqft
 MORE OR LESS

Edge Water 01-02-2012, 09:55

NOTE on Mean High Water:
 Delineation of Mean High Water
 pictorial only and has been inter-
 from recent topographic data. It
 intended to represent the accurate

Town of Westerly
Rhode Island

DEPARTMENT OF PLANNING
AND CODE ENFORCEMENT



Town Hall
45 Broad Street
Westerly, RI 02891

October 11, 2017

Argoneses Properties
Co: Attorney Nardone
42 Granite Street
Westerly, RI 02891

**RE: Zoning Submittal No. ~17-2893~
149 Atlantic Avenue
Assessor's Plat/Lot '165-282'**

To Attorney Nardone:

In reviewing your application for the above-referenced Zoning Certificate it has been determined that additional relief from the Zoning Ordinance is required for your proposed project:

The addition of a 150 seat third floor restaurant to the Sandy Shore Motel

In order to proceed with your proposed application a Public Hearing with the Zoning Board of Review is required to grant the relief listed below required for approval:

Parking Variance:	<u>Variance Required Parking Spaces</u>		
	19		
Motel / Restaurant Parking Requirements		Spaces /	Requested Parking Spaces
Motel Room	35 rooms	1 per room	35
Motel Staff	12 employees on largest shift	3 staff per space	4
Beach Restaurant / Bar	24 seats	1 space per 4 seats	6
Rooftop Restaurant / Bar	150 seats	1 space per 4 seats	38
Total			83

Provided Parking	Provided	Remaining
Required Total		83
Provided On-Site	37	46
Variance from 7 March 2012	27	19
Required New Variance	19	0

An additional 19-parking space variance is required to meet the required 83 parking spaces. 37 parking spaces are provided on-site, 27 parking spaces are provided by an existing variance and 19 parking spaces are provided by the

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name Gene Properties, LLC	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 149 Atlantic Avenue	Company NAIC Number:
City Westerly	State RI
ZIP Code 02891	

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Assessor's Plat 165 Parcel 282

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Non Residential

A5. Latitude/Longitude: Lat. 41-19-19.05 Long. 71-48-34.72 Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 6

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s)	<u>4542</u> sq ft	A9. For a building with an attached garage:	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	_____	a) Square footage of attached garage	_____ sq ft
c) Total net area of flood openings in A8.b	_____ sq in	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	_____
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		c) Total net area of flood openings in A9.b	_____ sq in
		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Westerly 445410	B2. County Name Washington	B3. State RI			
B4. Map/Panel Number 0258	B5. Suffix J	B6. FIRM Index Date 10-16-2013	B7. FIRM Panel Effective/Revised Date 10-16-2013	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 15

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____ CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: GPS Vertical Datum: NAVD88
 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____
 Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>7.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>18.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>17.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>7.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>5.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>9.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>7.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

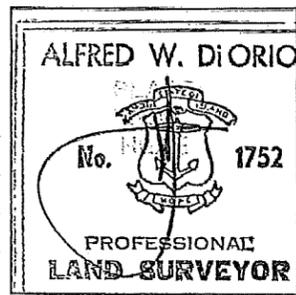
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments.

Certifier's Name Alfred W. DiOrio	License Number RI #1752
Title President	Company Name Alfred W. DiOrio, RLS, Inc.
Address PO Box 999	City Ashaway
State RI	ZIP Code 02804
Signature Alfred W. DiOrio	Date 01-28-2016
Telephone 401-377-8124	



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 149 Atlantic Avenue		Policy Number:	
City Westerly	State RI ZIP Code 02891	Company NAIC Number:	

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (1) Elevations based on survey-grade GPS observations made onsite from MTS RTK Network, (2) Enclosed area is at different levels, Slab elevation reported of lowest enclosed area, (3) Enclosed area value from town records and not verified by Surveyor, (4) Electrical panel at elevation 12.1, (5) Lowest mechanical/equipment are hot water heaters near the northeasterly corner of the building. There are other mechanicals/equipment at slightly higher elevations.

Signature Alfred W. DiOrto Date 01-28-2016

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.

E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____

G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments.

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
149 Atlantic Avenue

City Westerly State RI ZIP Code 02891

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front (North face of building)



Building Photographs

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
149 Atlantic Avenue

Policy Number:

City Westerly State RI ZIP Code 02891

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Rear (South face of building)





PROPOSED ROOFTOP TERRACE CLOSED

ARTISTIC RENDERINGS / ACTUAL DETAILS WILL VARY

DATE: 6/15/2017
 SHEET: 3 / 3

PRELIMINARY DRAWINGS
Sandy Shore Motel
 Misquamicutt Beach - Westerly,
 Rhode Island

DATE	DESCRIPTION
06 15 2017	OVERVIEW RENDERINGS

THESE PRELIMINARY DRAWINGS ARE FOR PLANNING PURPOSES ONLY AND MAY NOT BE USED FOR CONSTRUCTION. ACTUAL DETAILS WILL VARY FROM ARTISTIC RENDERINGS AND BE SUBJECT TO REVISIONS. ALL DRAWINGS AND CONCEPTS ON THESE PAGES ARE COPYRIGHT PROTECTED AND SHALL REMAIN THE PROPERTY OF PLANS AHEAD LLC AND MAY NOT BE USED IN ANY MANNER WITHOUT EXPRESS WRITTEN CONSENT OF PLANS AHEAD LLC.

PLANS AHEAD LLC
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 203-483-8094
 plansahead@aol.com



STREET VIEW of PROPOSED IMPROVEMENTS to SANDY SHORE MOTEL

17 OCTOBER 2017

LAURANCE
JONES